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APR 0 8 TOPS							
A TRADEMA		Application Number 10		10/765,578			
	Fil	ing Date	Janı	uary 26	5, 2004		
(to be used for all correspondence during pendency of		First Named Inventor		Robert A. York			
		oup Art Unit Number	2811				
	aminer Name	Jun	Junghwa M. Im				
Total Number of Pages in This Submission 14	Att	torney Docket Number	22994-08791				
ENCLOSURE	S (c	heck all that apply	y)				
Fee Transmittal Form (in duplicate) Check Enclosed Return Receipt Postcard Response to Notice to File Missing Parts Assignment & Recordation Cover Sheet Declaration Power of Attorney Application Data Sheet Information Disclosure Statement & PTO/SB/08/ Copies of IDS Cited References Request for Corrected Filing Receipt Request for Correction of Recorded Assignment Amendment/Response: 11 Page(s) After Final Status Request Revocation and Substitute Power of Attorney REMARKS:		Issue Fee Transi Letter to Chief Di Formal Drawing(i [] Sheet(s Appeal Commun Interferences Appeal Commun (Appeal Notice, Certified Copy of After Allowance (i)	raftsper (s): s) of Fig nication nication <i>Brief, F</i> f Priority Commu	gure(s) [to Board to Group Reply Brid y Docum	of Appeal of ef) ent(s)	s and	
	JF AI	TORNEY OR AGE	N I				
Attorney/Reg. No.: Michael W. Farn, Reg. No. 41,	015			Dated:	APRIL		2005
				Dated.	MEIL	<u>, </u>	
CERTIFICATE OF MAILING I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.							50 on
Signature: Muhaelhe							
Typed or Printed Name: Michael W. Farn				Dated:	APPIL	5,	2005
Express Mail Mailing Number (optional):							



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 685

1		Complete if Known			
	Application Number	10/765,578			
	Filing Date	January 26, 2004			
	First Named Inventor	Robert A. York			
	Examiner Name	Junghwa M. Im			
1	Art Unit	2811			
	Attorney Docket No.	22994-08791			

Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None Deposit Account: 3. ADDITIONAL FEES	<u></u>
Deposit Account Number 19-2555 Large Entity Small Entity Fee Description	Fee Paid
Deposit Account Name Fenwick & West LLP Fee Fee Code (\$)	
The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this	
application 1812 2,520 1812 2,520 For filing a request for ex parte reexamination Charge fee(s) indicated below, except for the filing fee to 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action the above-identified deposit account. 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
FEE CALCULATION 1251 120 2251 60 Extension for reply within first month	
1. BASIC FILING FEE 1252 450 2252 225 Extension for reply within second month	510
Fee Fee Fee Fee Description Fee Paid 1254 1,590 2254 795 Extension for reply within fourth month Code (\$) Code (\$) Code (\$) Extension for reply within fifth month	510
1401 500 2401 250 Notice of Appeal 1402 500 2402 250 Filing a brief in support of an appeal 1403 1000 2403 500 Request for oral hearing	
1451 1,510 1451 1,510 Petition to institute a public use proceeding	
1452 500 2452 250 Petition to revive - unavoidable	
SUBTOTAL (1) (\$) -0- 1453 1,500 2453 750 Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,400 2501 700 Utility issue fee (or reissue)	
Extra Claims below ree-rate 1502 800 2502 400 Design Issue lee	
Total Claims 23 -20**=3	
Claims 4 -3 -3 1	
Large Entity Small Entity Fee Fee Fee Description Fee Description Fee Fee Code (\$) Fee Fee Fee Description Fee Fee	
1202 50 2202 25 Claims in excess of 20 1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a))	
1201 200 2201 100 Independent claims in excess of 3 1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b))	
1203 360 2203 180 Multiple dependent claim, if not paid 1801 790 2801 395 Request for Continued Examination (RCE)	
1204 200 2204 100 **Reissue independent claims over original patent 1802 900 1802 900 1802 900 Request for expedited examination of a design application	
1205 50 2205 25 **Reissue claims in excess of 20 and over original patent Other fee (specify)	
SUBTOTAL (2) (\$) 175 or number previously paid, if greater, For Reissues, see above Reduced by Basic Filing Fee Paid	

Complete (if applicable)						
Name (Print/Type)	Michael W. Farn	Registration No. (Attorney/Agent)	41,015		Telephone (650) 335-7823	
Signature	Michael ald			Date	April 5, 2005	

04/08/2005 RFEKADU1 00000021 107655/8